

MICHIGAN OFFICE OF SERVICES TO THE AGING

P.O. Box 30676
Lansing, Michigan 48909-8176
2013 APPLICATION

Membership to the State Advisory Council on Aging (SAC)

Please print

Name: _____
First Middle Initial Last

Address: _____

City _____ MI Zip _____ County _____

Telephone: Home _____ / _____ Work _____ / _____

Cell: _____ E-mail: _____

Race/Ethnic/Gender/Age Information: ☐ Male ☐ Female

Are you 60 years or older: Yes ☐ No ☐

☐ American Indian/Alaskan Native ☐ Black/African American
☐ Asian/Pacific Islander ☐ Caucasian/White
☐ Hispanic/Latino ☐ Other

1. Education (describe your educational background, e.g., degrees, certificates, licenses, etc.)

2. Employment

Are you currently employed? Yes ☐ No ☐

If yes: ☐ Full time ☐ Part time Retired/not working? Yes ☐ No ☐

Past or present employer:

Current or most recent position:

3. Community Activities/Volunteer Experience

<hr/>	Currently? <input type="checkbox"/> Yes No <input type="checkbox"/>
Agency/Role	
<hr/>	Currently? <input type="checkbox"/> Yes No <input type="checkbox"/>
Agency/Role	
<hr/>	Currently? <input type="checkbox"/> Yes No <input type="checkbox"/>
Agency/Role	
<hr/>	Currently? <input type="checkbox"/> Yes No <input type="checkbox"/>
Agency/Role	

4. Please state briefly why you wish to serve on the Commission's State Advisory Council on Aging:

5. Do you now or have you served on local governmental bodies, policy boards, task forces, or other public committees? If yes, please list:

6. Have you participated in any training programs for older adult programs or policies, e.g., dementia, elder abuse, TRIAD, Eden Alternative, MMAP? If yes, please specify and indicate whether you received training or are/were a trainer:

7. Have you received any public recognition/certificates/honors? If yes, please list:

8. Additional information you would like the Selection Committee to know about you:

9. A resume or history of personal activities is enclosed: ☐ Yes ☐ No

Please read and sign below:

I attest that all information provided in this application for membership to the State Advisory Council on Aging is true and accurate. I understand that, if appointed, I will participate in face-to-face meetings in Lansing and other meeting formats as scheduled. I understand that applications and supporting documentation received after the deadline will not be considered, unless it is in the best interest of the Commission on Services to the Aging.

Signature

Date

OPTIONAL

☐ If not selected for the State Advisory Council on Aging, please retain my application for consideration for future vacancies on the SAC.

Signature

Date

Deadline to Submit Application is 5:00 p.m., February 28, 2013

Submit to:

**Mr. Harold Mast, Chairperson
Commission on Services to the Aging
c/o Sally Steiner
P.O. Box 30676
Lansing, MI 48909-8176
SteinerS@michigan.gov
(with electronic signature only)**

Application can be submitted by **mail with original signature and by e-mail with electronic signature**. E-mailed applications without electronic signature will require a paper copy application sent to the Office of Services to the Aging with original signature. The Commission on Services to the Aging reserves the right to decline consideration of applications received after the deadline.

No one shall be *excluded* from participation in any service or activity because of race, color, religion, national origin, sex, or disability, in compliance with the Age Discrimination Act of 1975 and American with Disabilities Act of 1990.